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## BIB DATA SHEET

CONFIRMATION NO. 5642

<b>SERIAL NUMBER</b> 10/823,829	<b>FILING or 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3714	<b>ATTORNEY DOCKET NO.</b> CHORUS-07.01
<b>APPLICANTS</b> Michael A. Evans, Indianapolis, IN; <i>MDH</i> Daniel M. Snively, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/462,619 04/14/2003 <i>MDH</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> 06/22/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MATTHEW D HOEL/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance <small>TRIM</small>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 18/20
<b>INDEPENDENT CLAIMS</b> 8/4 <i>MDH</i>				
<b>ADDRESS</b> BAKER & DANIELS LLP 300 NORTH MERIDIAN STREET SUITE 2700 INDIANAPOLIS, IN 46204 UNITED STATES				
<b>TITLE</b> Human capital management assessment tool system and method				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	